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APPLICANTS

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** CONTINUING DATA SD NONE *****

** FOREIGN APPLICATIONS SD YES *****
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	GERMANY	3	22	2

Examiner's Signature: [Signature] Initials: SD

ADDRESS

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TITLE

Device for storing information and a method for partial write and restore

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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